

Name
in
Full

M. Cha Adkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Apr</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>89</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-Place <i>Ind</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George C Adkinson</i>				
Father's Name <i>John Wreyer</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>	<i>Susan Brisco</i>		Mother's Birthplace <i>Kent Co</i>		<i>Unknown</i>
Name of person giving information <i>M. A. Toulson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Infirmity, incident to age</i>	How long <i></i>
Immediate <i>Asthma</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpers</i>
<i>J</i>	Address <i>Chestertown</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>

Chester Cemetery

John N. Dodd

Undertaker

Name
in
Full

Bulah Hurlock Archibald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

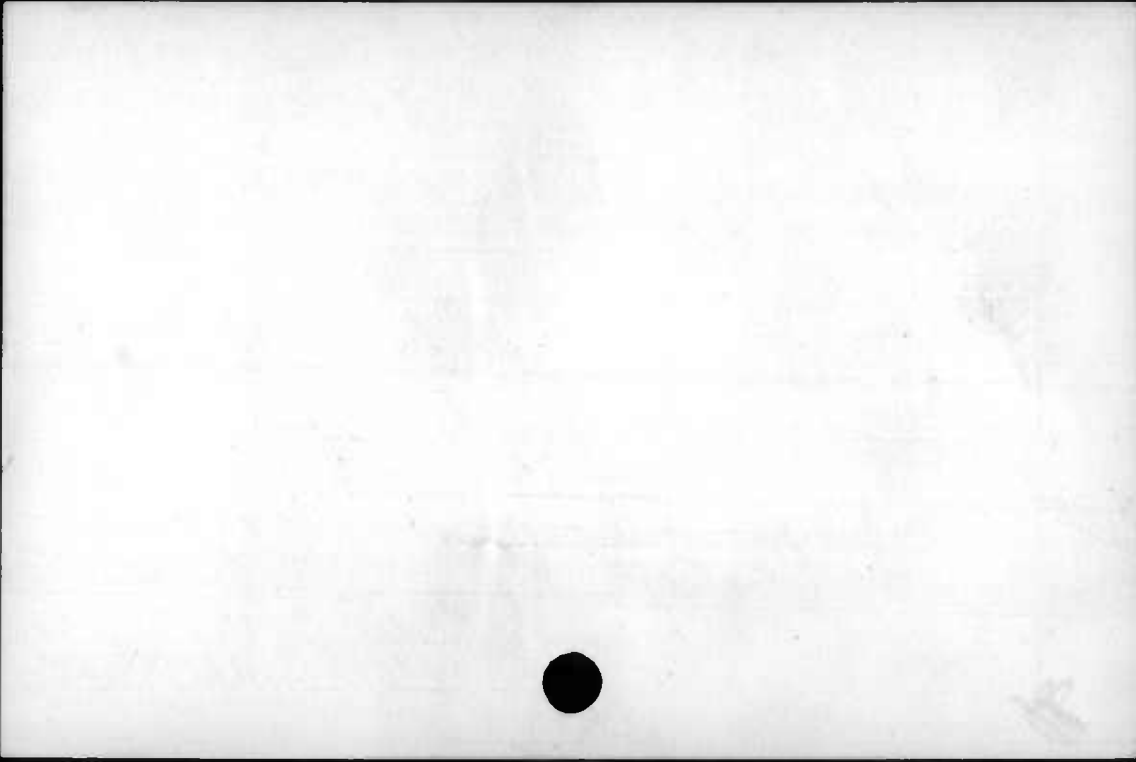
Died at <i>near Kennedyville</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>24</i>	Age <i>16</i>	Years	Months <i>8</i>	Days	
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Schoolgirl</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Archibald</i>	Father's Birthplace <i>U.S.</i>						
Mother's Maiden Name <i>Mollie J. Hurlock</i>	Mother's Birthplace <i>U.S.</i>						
Name of person giving information <i>"</i>	How related to deceased <i>Mother.</i>						

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Bright's disease.</i>	How long <i>9 months.</i>
Immediate <i>Abscess of the brain.</i>	How long <i>two weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. S. Maxwell,</i>
<i>Yes -</i>	Address <i>Still Pond, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James Baker
Rockfall

Town

County

Kent Co.

MARYLAND

Date

of death 1907

Month

April

Day

4

Age

Years

Months

8

Days

27

Sex

Male

Color or
Race

White

Birth-
place

Kent Co.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Baker

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Lussie Thomas

Mother's
Birthplace

Kent Co.

Name of person giving
In formation

James Baker

How related
to deceased

Father

CAUSES OF DEATH

9

Primary

Membranous Croup

How long

10 hours

Immediate

Exhaustion

How long

one hour

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Walter J. Kelly M.D.
Rockfall, Kent Co.

Accident or Suicide?

PHYSICIAN
OR CORONER

My dear Mother
I have just received
your letter of the 14th
and was glad to hear
from you. I am well
and hope this finds
you the same. I have
not much news to write
at present. I am
very affectionately
yours
John

Name
in
Full

William Eugene Bonwill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Vineville</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>April</u> <small>Month</small>	<u>27</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>C</u>			Where Residing if not at place of death <u>C</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>W. H. Bonwill</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary S. Miller</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>W. H. B.</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

(109)

PHYSICIAN
OR CORONER

Primary	<u>Heart of Bonwill</u>	How long	<u>2 days</u>
Immediate	<u>Euraemic. Emphysema</u>	How long	<u>2 -</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Frank Harris</u>	
<u>Yes</u>		Address <u>Chesler Ind</u>	
Accident or Suicide? <u>8</u>			

Still Pond.

Name
in
Full

Nancy Broadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

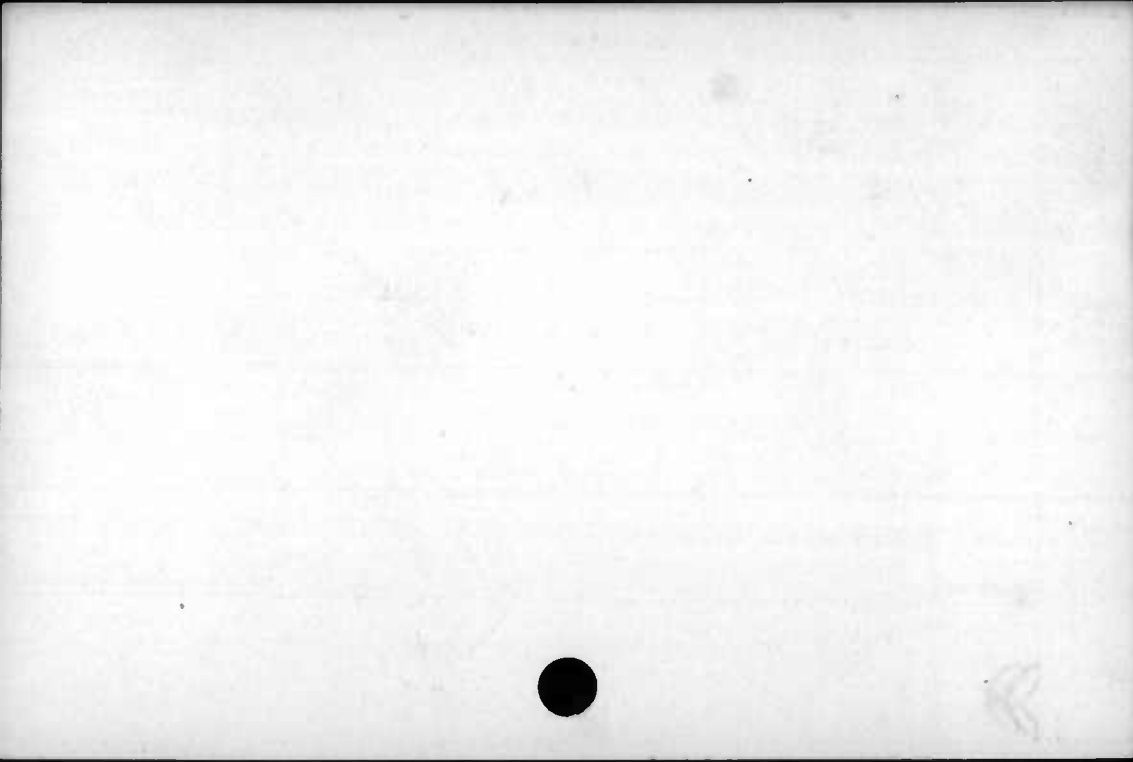
Died at		Town Christstown		County Kent		MARYLAND	
Date of death		1907	Month Apr	Day 8	Age Years	83	Months Days
Sex		Female		Color or Race		Col	
Birth- place		Don't know					
Occupation				Where Residing if not at place of death			
None				—			
Married, Single or Widowed		Widow		Name of Wife or Husband			
—		Hutchins		Wm Broadway			
Father's Name		—		Father's Birthplace		Don't know	
Mother's Maiden Name		Don't know		Mother's Birthplace		Don't know	
Name of person giving In formation		Geo H Thomas		How related to deceased		Bro in law.	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		Sudden cardiac failure		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
No, Dr attending		Address		144 S. 1st St	
Accident or Suicide?		No		Local Board of Health	



Name
in
Full

CERTIFICATE OF DEATH

Joseph. Brown.

TO BE ANSWERED BY
NEAREST FRIEND

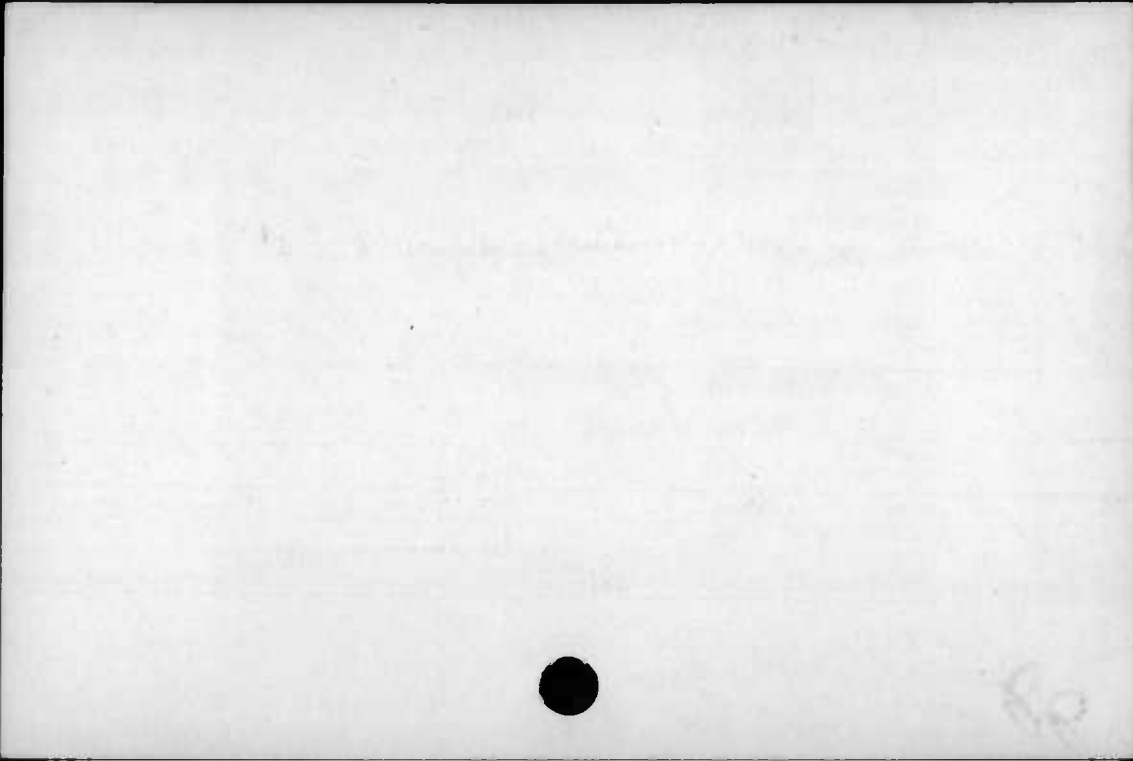
Died at <i>Lassapas</i> ^{Town}		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>April</i> ^{Day} <i>1</i>		Age <i>52</i> ^{Years}		Months ^{Days}	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farm hand</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Ezekiel. Brown.</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sallie C. Simmons</i>		Mother's Birthplace <i>Walto Co</i>			
Name of person giving information <i>Ezek. Brown</i>		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>		How long <i>Several years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H M Jeter</i>	
<input checked="" type="checkbox"/> Accident or Suicide?		Address <i>Millington. Md.</i>	



Name
in
Full

William Houston Bauck

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

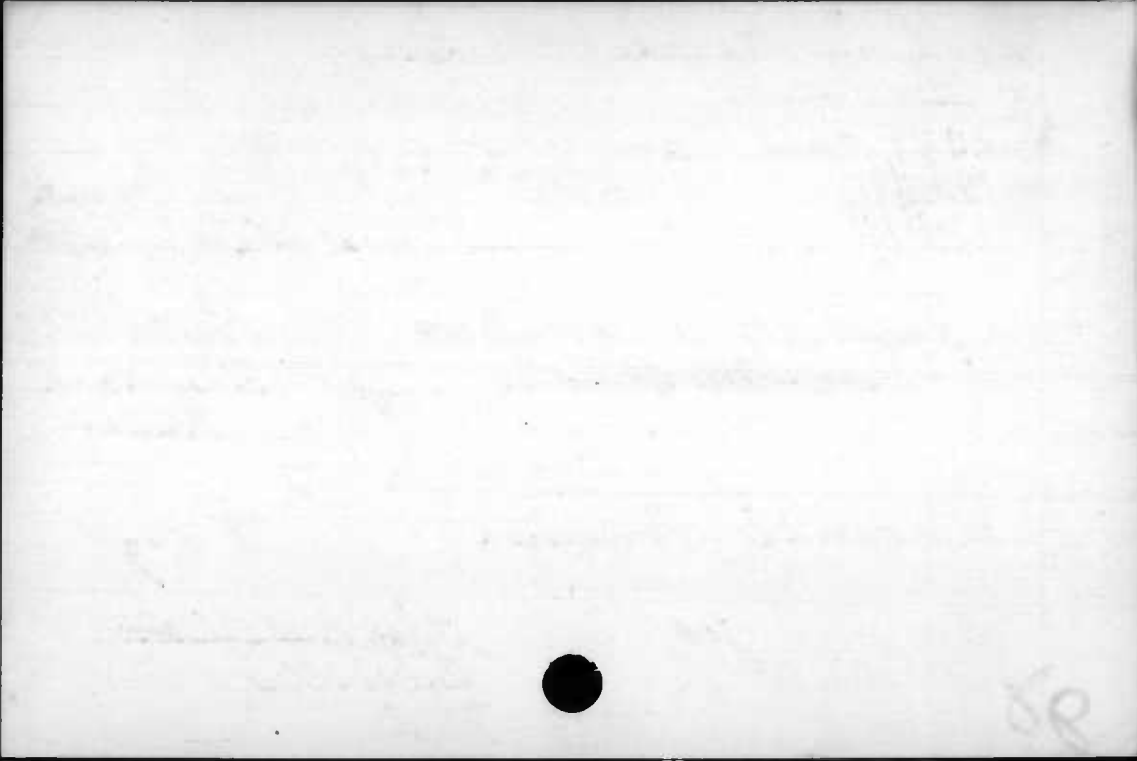
Died at <i>Near Galena</i> ^{Town}			<i>Kent</i> ^{County}			MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>14</i>	Age <i>35</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>			Birth-place <i>Kent Co. Md</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Mary Bauck</i>				
Father's Name <i>Samuel Bauck</i>				Father's Birthplace <i>Kent Co. Md.</i>			
Mother's Maiden Name <i>Araminta Fogwell</i>				Mother's Birthplace <i>Kent Co. Md.</i>			
Name of person giving information <i>Mary Bauck</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary <i>Consumption</i>	(27)	How long <i>3 years</i>
Immediate <i>Hemorrhage from Lungs</i>		How long <i>2 hours</i>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician 
<i>Henry Parr acting Coroner</i>	Address <i>-</i>
Accident or Suicide? <i>Galena Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

William Royce Cornileus
 Died at ^{Town} Rock Hall ^{County} Kent

MARYLAND

Date of death 1907 ^{Month} April ^{Day} 24 ^{Years} 22 ^{Months} 22 ^{Days} 2

Sex Male ^{Color or Race} White ^{Birth-place} Piney Neck

Occupation _____ Where Residing if not at place of death at place of death

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name James Alfred Cornileus

Father's Birthplace Chesterton

Mother's Maiden Name Ruth M. Apsley

Mother's Birthplace Piney Neck

Name of person giving information _____

How related to deceased ✓ Father

CAUSES OF DEATH

92

Primary Catarrh Pneumonia

How long 9 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Thos B Willson
 Edesville P.O. Kent Co
 Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Grafton Cotton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

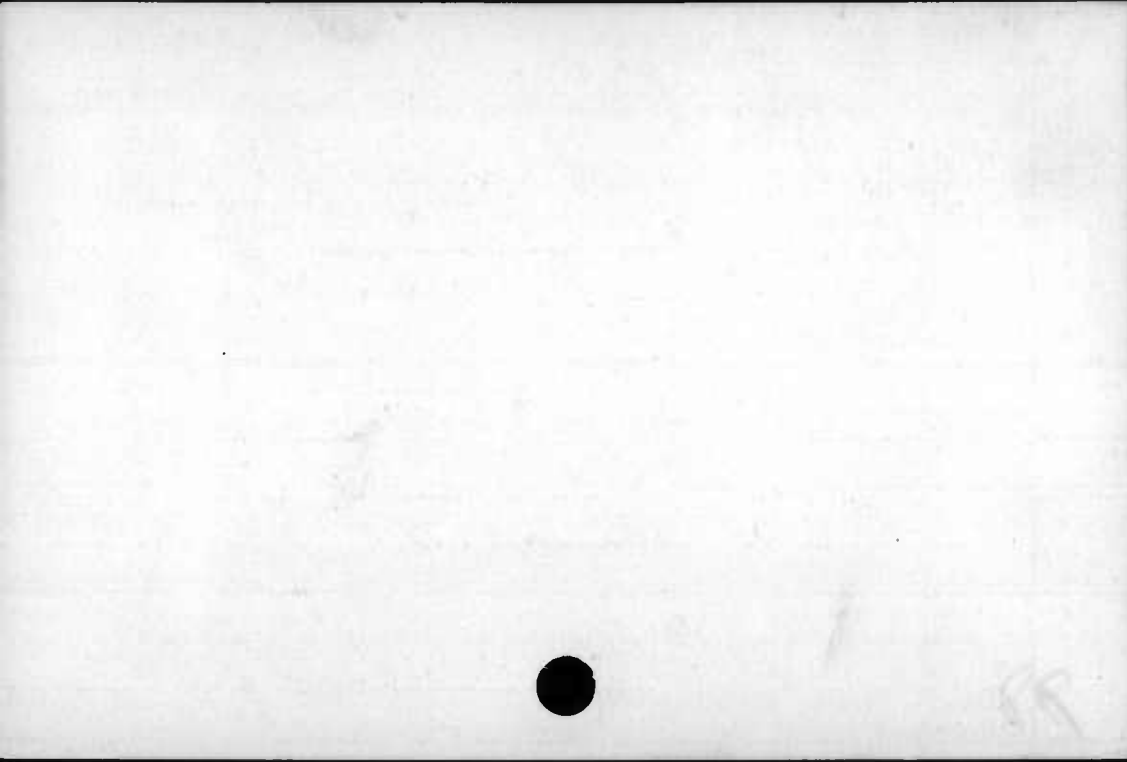
Died at		Cheesetown		Kent		MARYLAND	
Date of death	1907	Month	Apr	Day	22	Years	1
Sex	Male	Color or Race	Col	Months	11	Days	29
Birthplace	Md						
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	John Cotton			Father's Birthplace			
Mother's Maiden Name	Louisa Munson			Mother's Birthplace			
Name of person giving information	Jake Munson			How related to deceased			
				Uncle			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	Several months
Immediate	Exhaustion	How long	Several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Jones
		Address	Cheesetown
Accident or Suicide?	No		Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sadie Graves		Town near Millington		County Trent		State MARYLAND	
Died at		Month 4		Day 5th		Age 32	
Date of death 1907		Years		Months		Days	
Sex Female		Color or Race Black		Birth-place Phil Pa			
Occupation House servant		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife James Graves Husband					
Father's Name George Goodkin		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information James Graves		How related to deceased Husband					

CAUSES OF DEATH

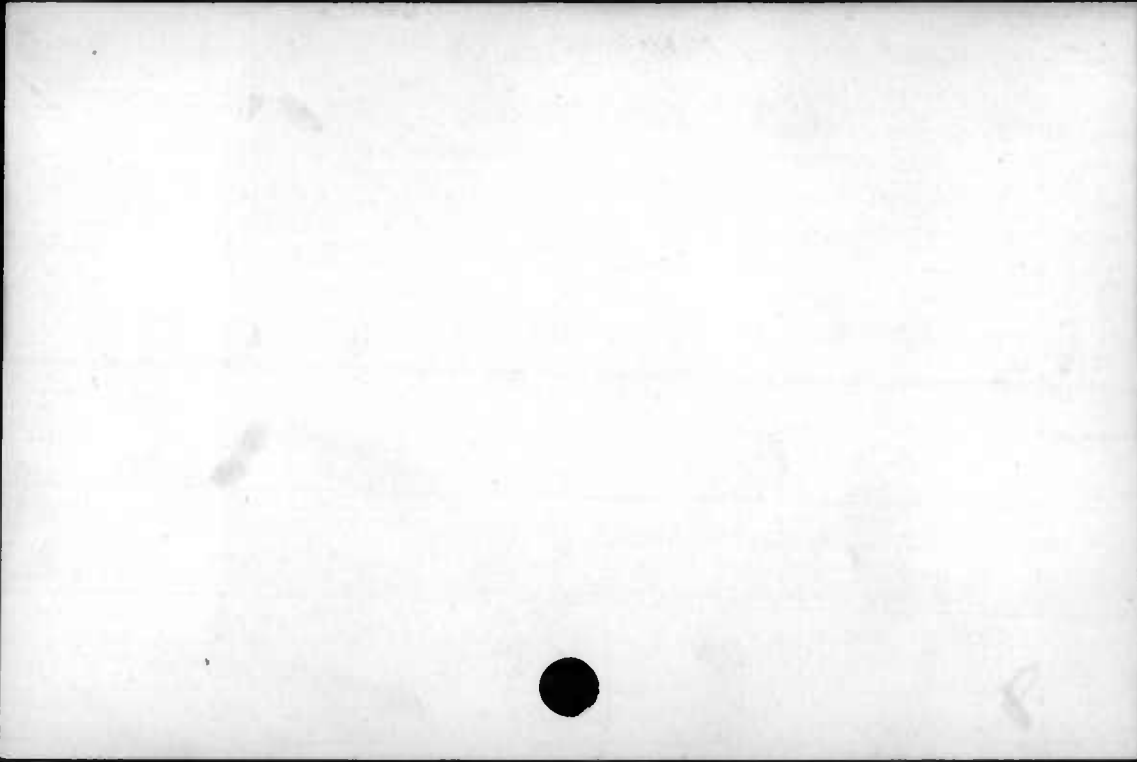
27

How long

How long

PHYSICIAN
OR CORONER

Primary Tuberculosis		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. W. H. Jacobs	
Accident or Suicide? X		Address Millington Md	



Name
in
Full

Still Born, Infant Backett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond ^{Town}		Kent ^{County}		MARYLAND	
Date of death 1907	Month Apr.	Day 16	Age —	Years —	Months —
Sex male		Color or Race white		Birth- place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Andrew J. Backett			Father's Birthplace Ind		
Mother's Maiden Name Margaret Sears			Mother's Birthplace Ind.		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Birth.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. S. Maxwell.
		Address Still Pond, Md.
Accident or Suicide?		

still bond



Name
in
Full

Thomas, Andrew Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Piney Neck Town Kent County MARYLAND

Date of death 1907 April 22 Age 79 Months 2 Days 15

Sex Male Color or Race White Birth-place Md

Occupation Farmer Where Residing if not at place of death

Married, ~~Single~~ or Widowed Virginia Morgan Name or Wife or Husband

Father's Name John Hudson Father's Birthplace M.d

Mother's Maiden Name Henrietta Shay Mother's Birthplace M.d

Name of person giving information Wm J Hudson How related to deceased Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age, general debility How long 4 or 5 months

Immediate Heart failure probably How long Brnchitis

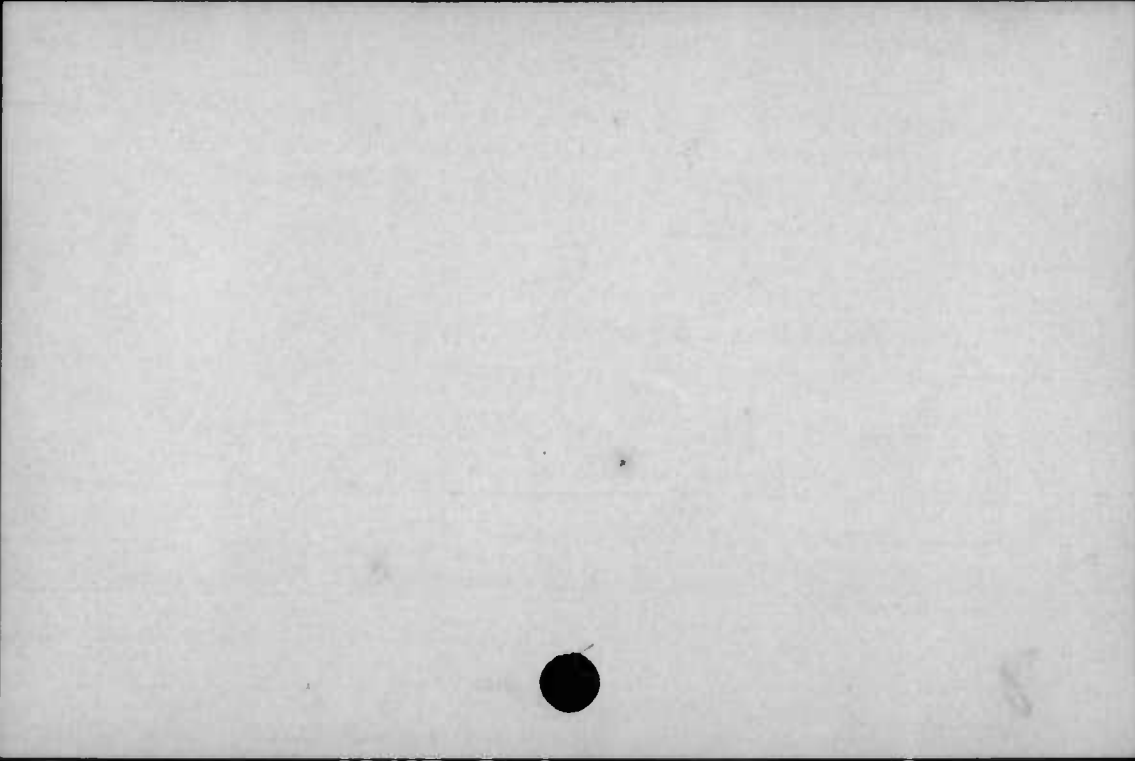
Induced by attack of Brnchitis several weeks duration

Are the name, age, sex, color, date and place correctly given above? Yes

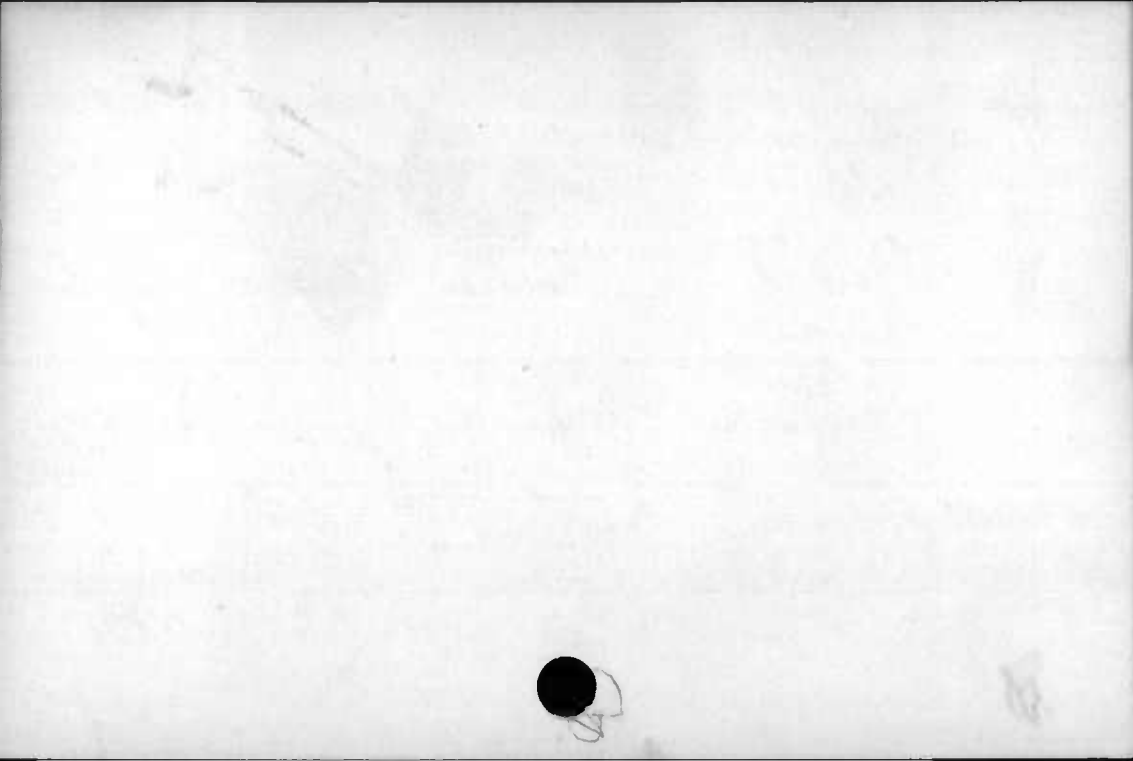
Signature of Physician Harry L. Davis

Address Christman Md

Accident or Suicide? No



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Edmondsville</i> <small>Town</small>		<i>Hent</i> <small>County</small>		MD <small>MARYLAND</small>
	Date of death <i>1907</i>	<i>April</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>54</i> <small>Years</small>	<i>—</i> <small>Months</small>
	Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>U. S.</i>		
	Occupation <i>House wife</i>	Where Residing if not at place of death <i>Baltimore Md</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Myers Jester</i>			
	Father's Name <i>Thomas Sipester</i>	Father's Birthplace <i>U. S.</i>			
	Mother's Maiden Name <i>Rachel Montague</i>	Mother's Birthplace <i>U. S.</i>			
	Name of person giving information <i>Mrs Wm T. Hagus</i>	How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Arterial Atheroma</i>	<i>81</i> <small>How long</small>			
	Immediate <i>Heart Failure & Occlusion of lungs</i>	<i>one hour</i> <small>How long</small>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Irving Barwick</i>			
	<i>8</i>	Address <i>Edmondsville Md</i>			
		Accident or Suicide? <i>—</i>			



Name
in
Full

Venice. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

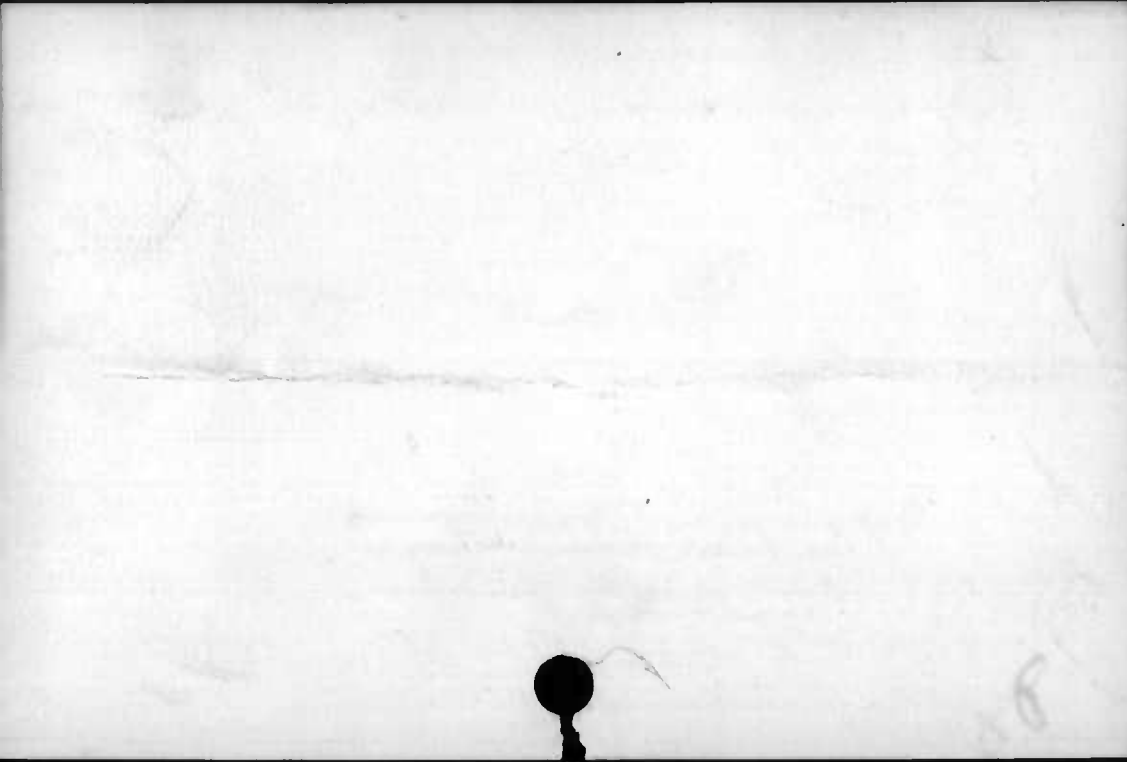
Died at <i>near Jolehealer</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>Apr.</i> ^{Month}	<i>20</i> ^{Day}	<i>58</i> ^{Years}	<i>-</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>Wch.</i>	
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Rachel Elizabeth Lavelle</i>	
Father's Name	<i>Venice. Lee</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Elizabeth J. Lowman</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Samuel Lee</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

112

Primary	<i>Acute (Chronic) Anemia of heart</i>	How long	<i>3 mos.</i>
Immediate	<i>Ch. Laceration</i>	How long	<i>2 mks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Y.</i>		<i>Frank W. Smith</i>	
		Address	
		<i>Frank</i>	
Accident or Suicide?			
<i>No</i>		<i>mf</i>	



Name in Full

Certificate of Death

Mo O. Lowe
Town *Charleston* County *Hunt*
Died at *Charleston* *Hunt* MARYLAND
Date *1907* *Apr. 4* Month Day Y. M. D. Native of *Damage River* Occupation
Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*
Husband of *Eraenia Lowe* **(64)**
Wife of *Mo O. Lowe* Mother's Name *Eraenia Lowe*
Father's Name *Mo O. Lowe* *Degeneration of blood vessel*
Cause of Death { Primary *Arterial hemorrhage* How long sick *four days*
Immediate *died during febrile reaction* Accident, Suicide, Homicide ☐

Reported by *H. L. Dodd, M.D.*
Address *Charleston Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Shipped to
Wilmington Del
Geo. A. Roddy
Undertaker

Name
in
Full

Still born (Parrott)

CERTIFICATE OF DEATH

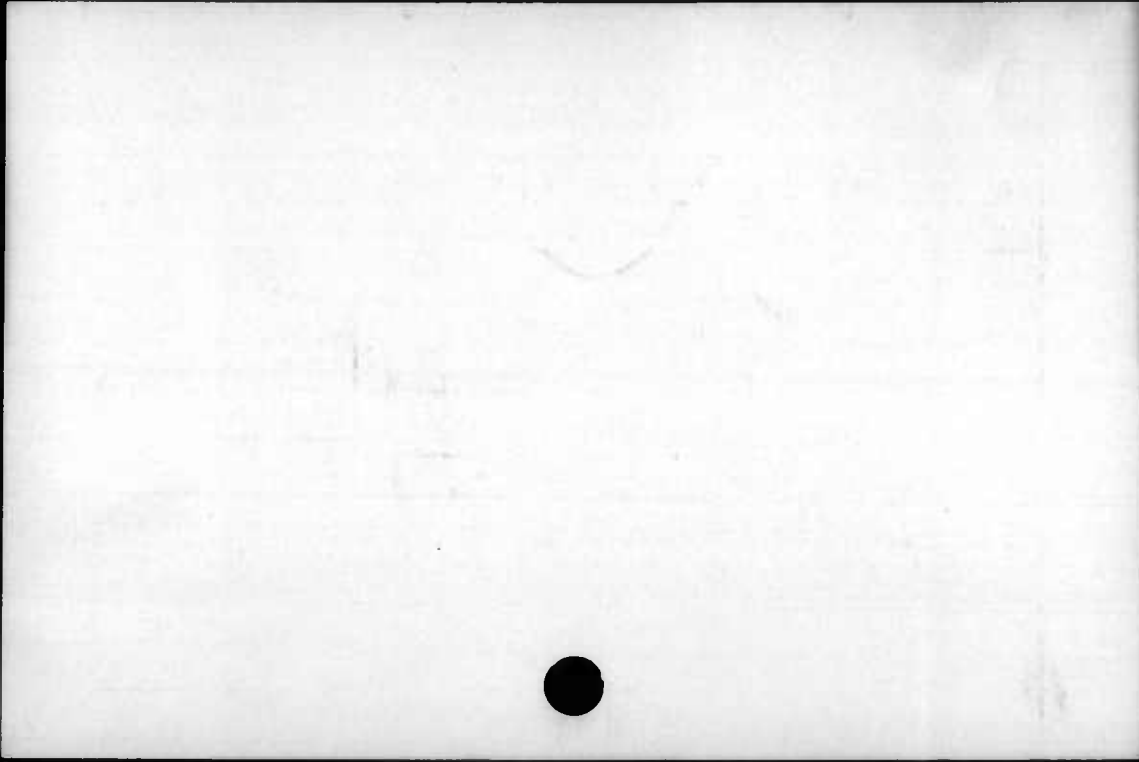
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month}	<u>Apr</u> ^{Day}	18 ^{Age}	<u>—</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name		<u>Gas P Parrott</u>		Father's Birthplace	<u>Ind</u>
Mother's Maiden Name		<u>Fanny W Mac Kuzer</u>		Mother's Birthplace	<u>Ind</u>
Name of person giving information		<u>Mother</u>		How related to deceased	<u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	<u>8</u>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>J. G. [unclear]</u>
		Address <u>Chestertown</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

Samuel Rassin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

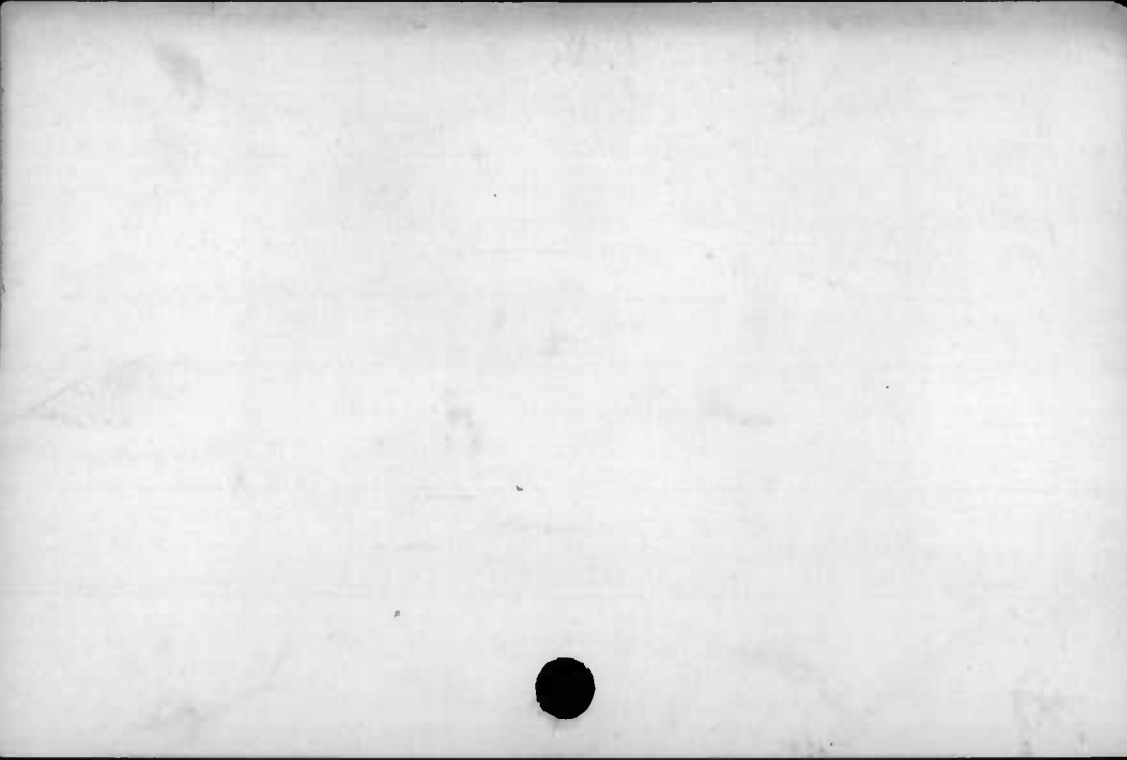
Died at <i>Millington</i> ^{Town}		<i>Kent co</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>23</i>	Age <i>24</i>	Years <i>24</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co</i>			
Occupation <i>Waiter</i>	Where Residing if not at place of death <i>Millington</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>William Rassin</i>	Father's Birthplace <i>Kent Co</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>year</i>
Immediate <i>As</i>	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Jones</i>
	Address <i>Millington</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

George Thompson Rollison

CERTIFICATE OF DEATH

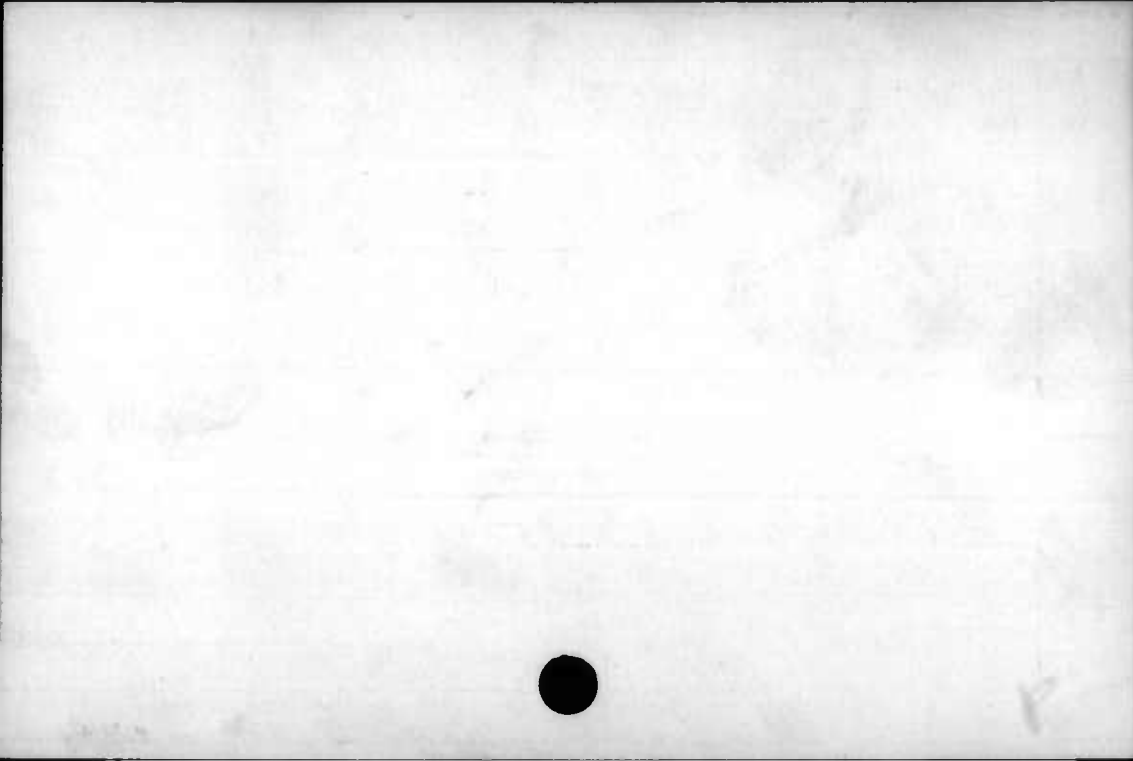
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rock Hall		County Kent		MARYLAND	
Date of death		1907	Month April	Day 18	Age 22	Years 8	Months 7
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth- place		Kent. Co. Md.	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Laura D. Hubbard	
Father's Name		John A. Rollison		Father's Birthplace		Kent. Co. Md.	
Mother's Maiden Name		Ellenora Coleman		Mother's Birthplace		Kent. Co. Md.	
Name of person giving Information		Laura D. Rollison		How related to deceased		Wife	

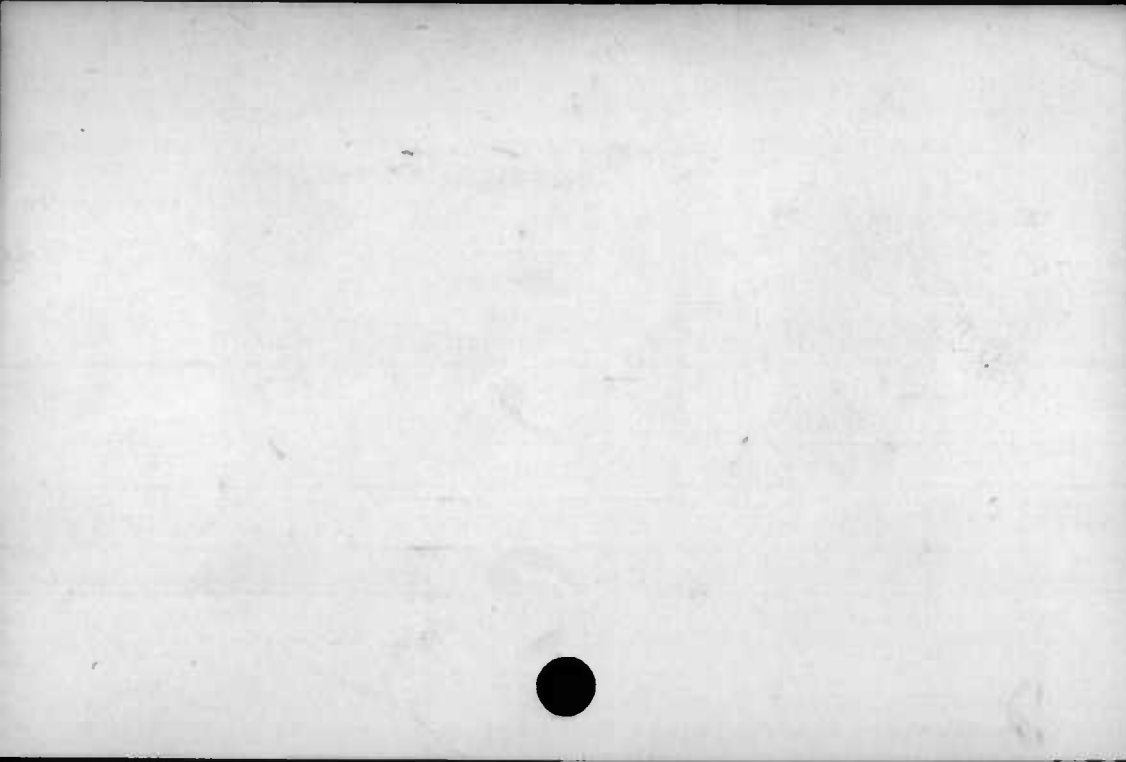
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	13 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter G. G. G.	
Address		Rock Hall, Md.	
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Willington Kent		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		1904		4	16	25			
		Sex		Color or Race		Birth place			
		Female		White		Caroline Co			
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death					
				Willington					
		Married, Single or Widowed		Name of Wife or Husband					
		Widow		Unknown					
		Father's Name		Father's Birthplace					
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace					
		Name of person giving information		How related to deceased					
				154					
PHYSICIAN OR CORONER		Primary		Smile & easy		How long			
		Immediate		"		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Yes		Address		Willington, Md			
		Accident or Suicide							



Name
in
Full

Fred Amthor Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

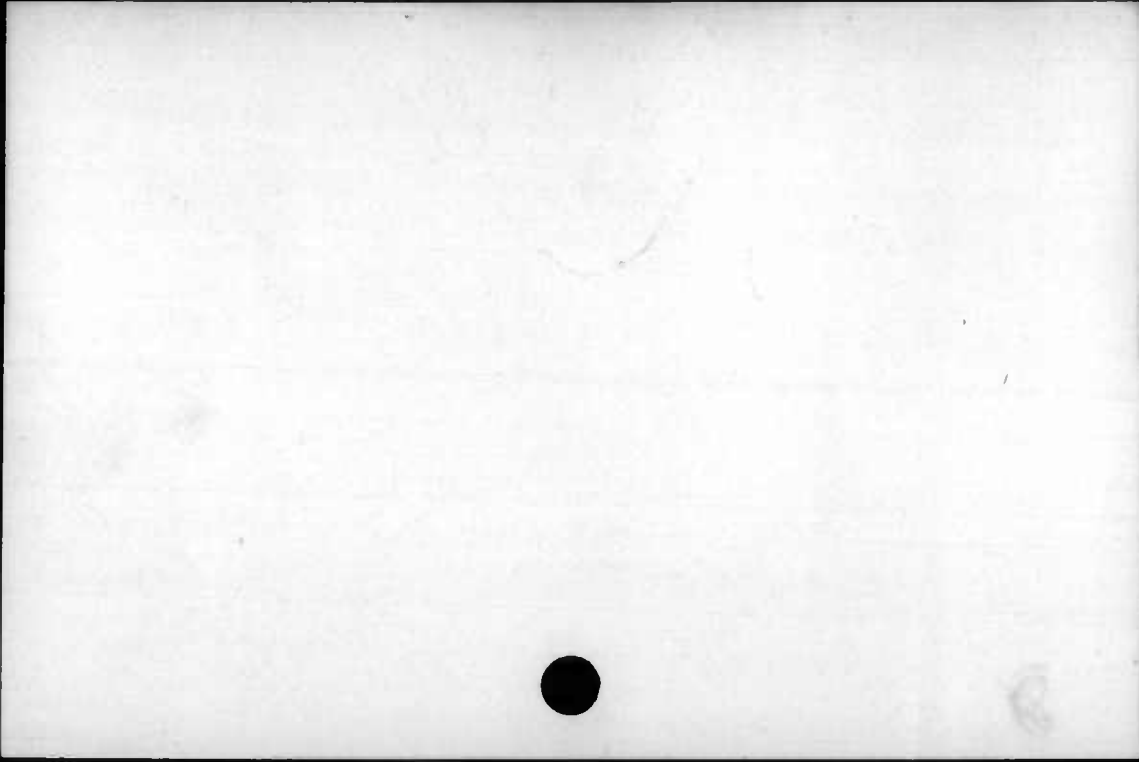
Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	1907	Month	Apr	Day	12
Sex	Male	Color or Race	White	Age	—
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Fred Sparks Russell		Father's Birthplace	Md	
Mother's Maiden Name	Agnes A Smith		Mother's Birthplace	Md	
Name of person giving information	Mother		How related to deceased	—	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Convulsions</u>	How long	<u>Several hours</u>
Immediate	<u>Exhaustion</u>	How long	<u>Several hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. J. Jumper</u>
		Address	<u>Chestertown</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

William J. Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

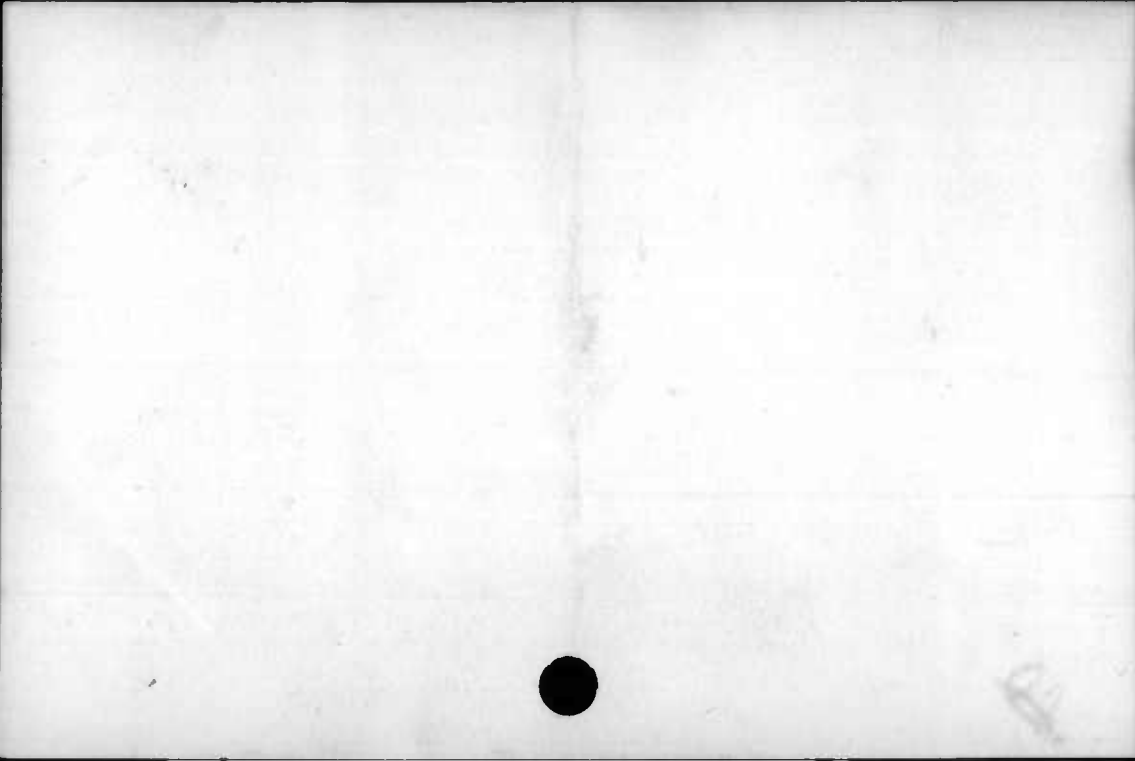
Died at <u>Rock Hall</u> ^{Town}		<u>Kent</u> ^{County} <u>Co.</u>		MARYLAND	
Date of death	<u>1907</u>	Month <u>April</u>	Day <u>28</u>	Age <u>32</u> Years	Months <u>5</u> Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Kent Co.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lillie Wombley</u>				
Father's Name <u>George Saunders</u>	Father's Birthplace <u>Kent Co.</u>		Mother's Birthplace <u>Balti. City</u>		
Mother's Maiden Name <u>Lottie Brew</u>	Name of person giving information <u>George R. Saunders</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>	How long <u>4 month</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter S. Selly</u> ^{M.D.}
<input checked="" type="checkbox"/> Accident or Suicide?	Address <u>Rock Hall, Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

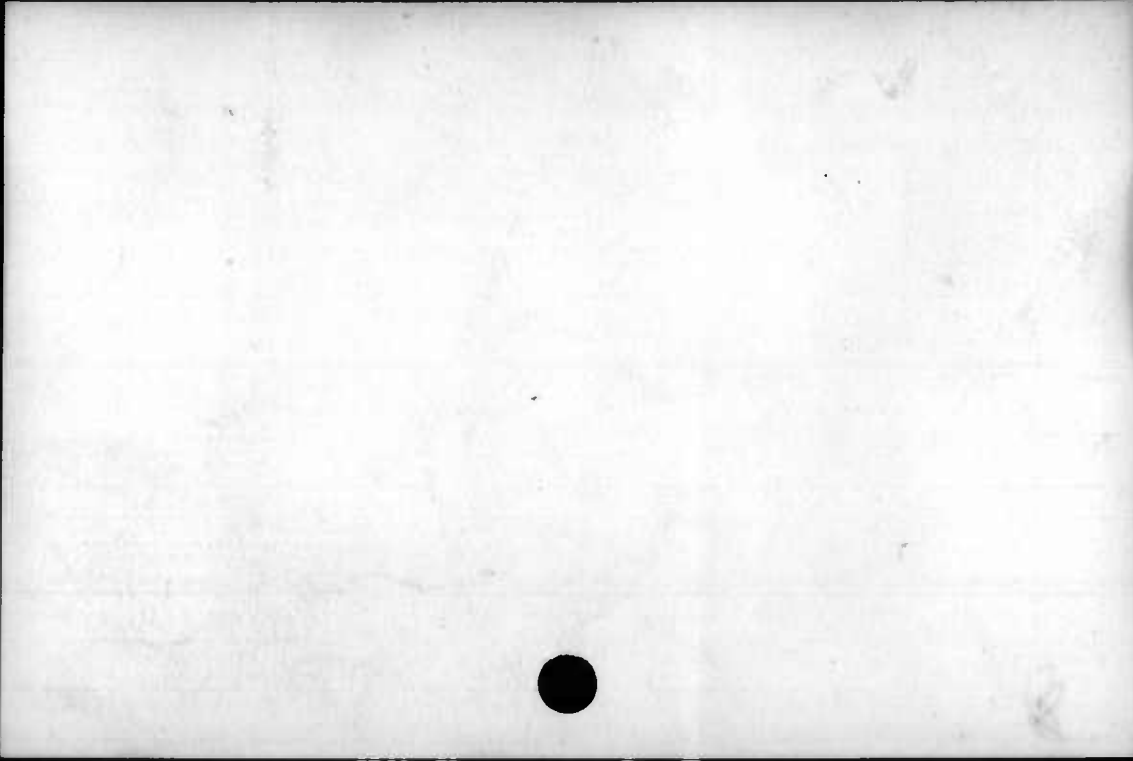
Died at		Town <i>near</i>		County <i>Levi</i>		MARYLAND	
Date of death	1907	Month	April	Day	26	Years	78
Sex	Female	Color or Race	Chesam	Birth-place	Tid		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Sam Smallwood</i>				
Father's Name	<i>Richard Thompson</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Josephine Robinson</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Charles Washington</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>		How long	<i>2 hours</i>
Immediate	<i>Exhaustion</i>		How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank W. Smith</i>		
Yes		Address <i>Levi</i>		
Accident or Suicide?		Ind		



Name
in
Full

CERTIFICATE OF DEATH

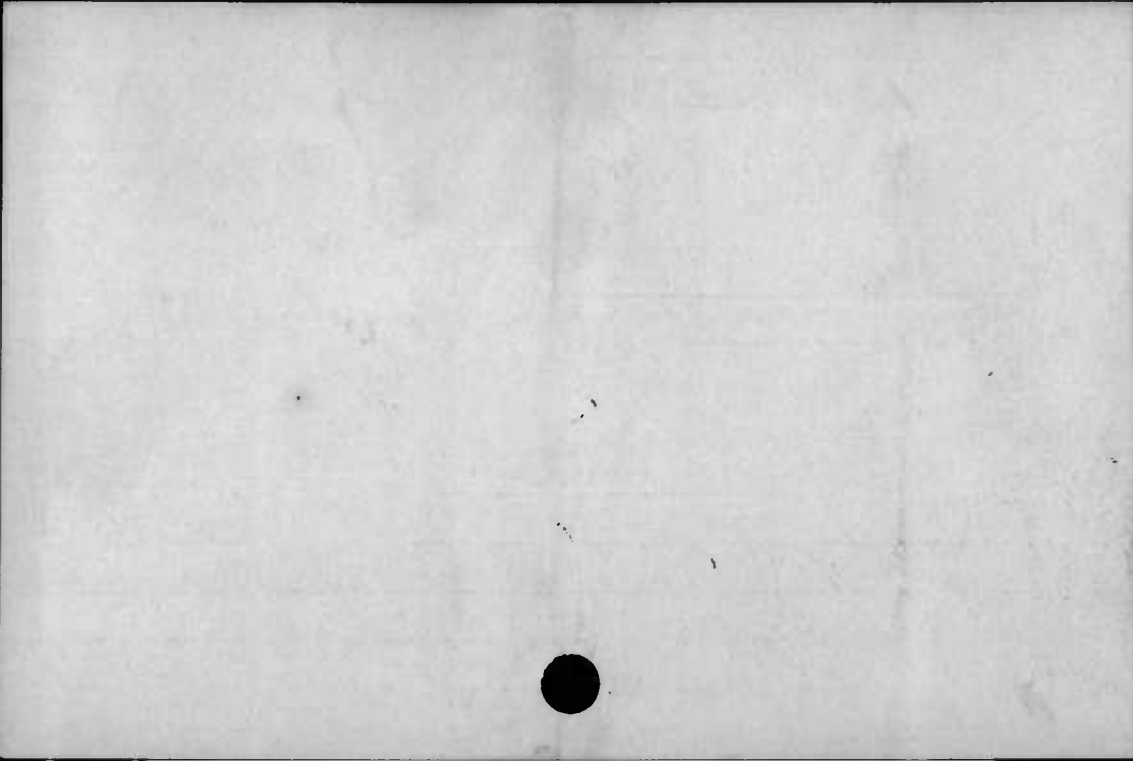
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pomona</i>		Town <i>Pomona</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>24</i>	Age <i>11</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John H. Smith</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Ella Broadway</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John H. Smith</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	<i>(69)</i>	How long <i>several years</i>
Immediate <i>As thence contractions, etc</i>		How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry L. Doss</i>	
	Address <i>Chestertown, Md</i>	
Accident or Suicide? <i>8</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near Still Pond Creek		Hent		MARYLAND						
Date of death		1907	Month	Apr	Day	12	Age	71	Months	11	Days	12
Sex		female		Color or Race		white		Birth-place		U.S.		
Occupation		None (Invalid)		Where Residing if not at place of death								
Married, Single or Widowed		widow		Name of Wife or Husband		Solomon Sparks						
Father's Name		Samuel Baker		Father's Birthplace		Md						
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown						
Name of person giving information		Mrs. Ella Pennington		How related to deceased		Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Rheumatism.	How long	many years.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
2		Wm. S. Maxwell.	
		Address	
		Still Pond, Md.	
Accident or Suicide?			

St Pauls Cemetery

Name in Full		Still Born Infant Stout.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Coleman</u> <small>Town</small>		<u>md.</u> <small>County</small>		MARYLAND	
		Date of death <u>1907</u> <small>Month</small> <u>Apr.</u> <small>Day</small> <u>27</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> <u>—</u>		Age <u>—</u>			
		Sex <u>female.</u>		Color or Race <u>Black.</u>		Birth-place <u>U. S.</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
		Father's Name <u>John Stout</u>		Father's Birthplace <u>md.</u>			
		Mother's Maiden Name <u>Ida. —</u>		Mother's Birthplace <u>md.</u>			
Name of person giving information <u>J. S.</u>		How related to deceased <u>father.</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Still Born</u> S		How long <u>—</u>			
		Immediate <u>—</u>		How long <u>—</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Lewis P. Chwell, M.D.</u>			
				Address <u>Still Pond</u>			
				<u>md.</u>			
Accident or Suicide?							

Colman

Name
in
Full

Rosa Etta Walbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

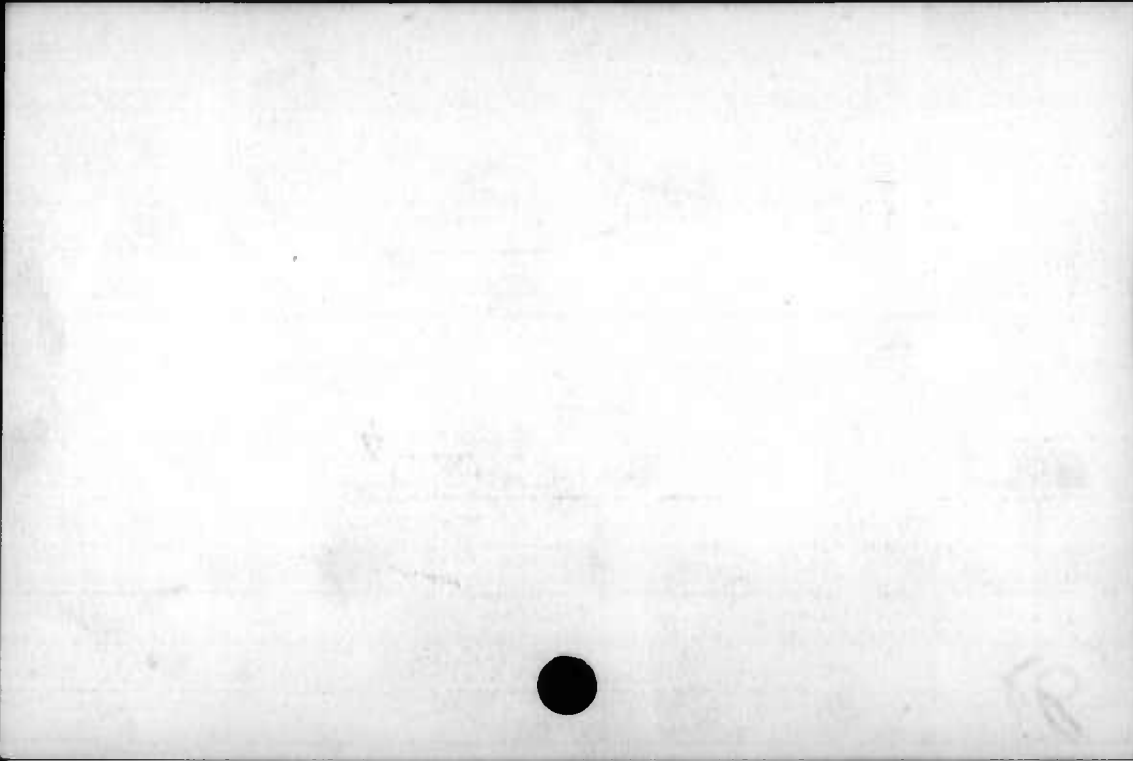
Died at <u>Ederhills</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>April</u> ^{Day} <u>4th</u>	Age	<u>43</u> ^{Years}	<u>Six</u> ^{Months}	<u>two</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Rock Hall Md.</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death <u>Ederhills Md.</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>Joseph a Walbert</u>			
Father's Name	<u>Robert Harris</u>			Father's Birthplace	<u>Kent Co</u>
Mother's Maiden Name	<u>Anna L. Winchester</u>			Mother's Birthplace	<u>Kent Co</u>
Name of person giving information	<u>Joseph a Walbert</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Phthisis Tuberculosa</u>	How long	<u>2 years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Thos B. Wilcox</u>
<u>yes</u>		Address	<u>Ederhills,</u> <u>Kent Co. Md.</u>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

Violet E. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Still Pond		^{County} Kent		MARYLAND	
Date of death	1907	Month	Apr	Day	2
Age		Years		Months	Days
Sex		female		Color or Race	black
Occupation				Birth-place	md
Married, Single or Widowed		Where Residing if not at place of death			
Name of Wife or Husband					
Father's Name		Thomas A White		Father's Birthplace	md
Mother's Maiden Name		Carrie A. Johnson		Mother's Birthplace	md
Name of person giving information		..		How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	malaria.	How long	(151)
Immediate	Bronchitis.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		L. P. Atwell M.D.	
Address		Still Pond.	
		md.	
Accident or Suicide?			

Still Pond



Name
in
Full

Vena Wilson

CERTIFICATE OF DEATH

Died at *Near* ^{Town} *Millington* ^{County} *Dent*

MARYLAND

Date of death *1907* ^{Month} *4* ^{Day} *12* ^{Years} *4* ^{Months} *4* ^{Days}Sex *Female* Color or Race *Black* Birth-place *MD Kent*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed*

Name of Wife or Husband _____

Father's Name *Joseph Wilson Jr*Father's Birthplace *Kent Co Md*Mother's Maiden Name *Mary E. Wilson*Mother's Birthplace *2 newmarket Md*Name of person giving information *Joseph Wilson*How related to deceased *Father*

CAUSES OF DEATH

Primary *Mal-nutrition*
*Marasmus*How long *(151)*

Immediate _____

How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr W H Jacobs*Address *Millington Md*Accident or Suicide? *8*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

